

STATE OF LOUISIANA

PARISH OF _____

AFFIDAVIT

I, _____ Fire Chief of _____ / _____
(Name of Fire Chief) (Name of Fire Department) (FDID)

certify as follows:

1. _____ is a volunteer member of
(Name of injured volunteer)
_____/_____.
(Name of Fire Department) (FDID)
2. On the _____ day of _____, _____, volunteer member,
_____ injured him/herself. (See attached injury report.)
(Name of injured volunteer)
3. The injury occurred in the line of duty.

Signature of Fire Chief

Printed name of Fire Chief

Sworn to and subscribed before me, Notary Public, on the _____ day of _____, _____
in _____, Louisiana.

Signature of Notary Public

Printed Name of Notary Public

Notary Number